

(Page 1 of 12)

SEP 05 2019

COPY

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STILLWATER POLICE DEPT.

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N	Pg 1 of 6
Revised	Y N
Fidelity	Y N
Print and Run	Y N

(1) Reporting Agency		DATE: 9/1/19		Case Number (Agency Use)	
STILLWATER POLICE DEPARTMENT		2019-26313		Motor Vehicle Involved 02 Number Injured 01 Number Killed 00	
(2) Date of Collision (month/day/year)		Time		County Number and Name	
09/04/2019		0823		60 PAYNE	
(3) Distance from Nearest City or Town Limits		Control #		Nearest City or Town Number and Name	
0.00		100		In 25 STILLWATER	
(4) Street, Road or Highway		Direction of Travel		Intersecting Street, Road or Highway	
STATE HIGHWAY 51 (6TH AVENUE)		N		MURPHY STREET	
(5) Driver		Company Type		Last Name	
0101D		K		JUAREZ, ISRAEL NMN	
(6) Address		City		State Zip	
439 SOUTH EAST 46TH STREET		OKLAHOMA CITY		OK 73129	
(7) Driver License Number		State		Class Endorsement(s)	
M082735923		OK		B	
(8) Special Exemption Test		To Medical Facility		License Plate Number	
At 11110		REFUSED AT SCENE		705-429	
(9) VIN		Vehicle Year		Color	
1XP5DB9K31D552154		2001		WHI	
(10) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
3 SHELTER GENERAL INSURANCE		35-1-C-519896		9	
(11) Vehicle Received by		Owner's Last Name		First	
PLACED OUT OF SERVICE (OHP)		ORD TRUCKING INC.		Middle Initial	
(12) Owner's Address		City		State Zip	
2536 SOUTH WEST 56TH		OKLAHOMA CITY		OK 73119	
(13) Collision Number		Collision Reference Number		Collision Number	
0201D		0		0	
(14) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(15) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(16) Driver License Number		State		Class Endorsement(s)	
M082517691		OK		D M	
(17) Special Exemption Test		To Medical Facility		License Plate Number	
At 02150		HELICOPTER DU MEDICAL CENTER		2Q6218	
(18) VIN		Vehicle Year		Color	
1HD1BXVIDCB031670		2012		ORA	
(19) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
2 PROGRESSIVE NORTHERN INSURANCE		925043207		9186472291	
(20) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(21) Owner's Address		City		State Zip	
(22) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(23) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(24) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(25) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(26) Driver License Number		State		Class Endorsement(s)	
M082517691		OK		D M	
(27) Special Exemption Test		To Medical Facility		License Plate Number	
At 02150		HELICOPTER DU MEDICAL CENTER		2Q6218	
(28) VIN		Vehicle Year		Color	
1HD1BXVIDCB031670		2012		ORA	
(29) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
2 PROGRESSIVE NORTHERN INSURANCE		925043207		9186472291	
(30) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(31) Owner's Address		City		State Zip	
(32) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(33) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(34) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(35) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(36) Driver License Number		State		Class Endorsement(s)	
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(37) Special Exemption Test		To Medical Facility		License Plate Number	
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(38) VIN		Vehicle Year		Color	
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(39) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
2 PROGRESSIVE NORTHERN INSURANCE		925043207		9186472291	
(40) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(41) Owner's Address		City		State Zip	
(42) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(43) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(44) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(45) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(46) Driver License Number		State		Class Endorsement(s)	
M082517691		OK		D M	
(47) Special Exemption Test		To Medical Facility		License Plate Number	
At 02150		HELICOPTER DU MEDICAL CENTER		2Q6218	
(48) VIN		Vehicle Year		Color	
1HD1BXVIDCB031670		2012		ORA	
(49) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
2 PROGRESSIVE NORTHERN INSURANCE		925043207		9186472291	
(50) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(51) Owner's Address		City		State Zip	
(52) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(53) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(54) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(55) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(56) Driver License Number		State		Class Endorsement(s)	
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(57) Special Exemption Test		To Medical Facility		License Plate Number	
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SIMONS WRECKER		X		Middle Initial	
(61) Owner's Address		City		State Zip	
(62) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(63) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(64) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(65) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(66) Driver License Number		State		Class Endorsement(s)	
M082517691		OK		D M	
(67) Special Exemption Test		To Medical Facility		License Plate Number	
At 02150		HELICOPTER DU MEDICAL CENTER		2Q6218	
(68) VIN		Vehicle Year		Color	
1HD1BXVIDCB031670		2012		ORA	
(69) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
2 PROGRESSIVE NORTHERN INSURANCE		925043207		9186472291	
(70) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(71) Owner's Address		City		State Zip	
(72) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(73) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(74) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(75) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(76) Driver License Number		State		Class Endorsement(s)	
M082517691		OK		D M	
(77) Special Exemption Test		To Medical Facility		License Plate Number	
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(79) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
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(80) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(81) Owner's Address		City		State Zip	
(82) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(83) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(84) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(85) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(86) Driver License Number		State		Class Endorsement(s)	
M082517691		OK		D M	
(87) Special Exemption Test		To Medical Facility		License Plate Number	
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(88) VIN		Vehicle Year		Color	
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(89) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
2 PROGRESSIVE NORTHERN INSURANCE		925043207		9186472291	
(90) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(91) Owner's Address		City		State Zip	
(92) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(93) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(94) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(95) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(96) Driver License Number		State		Class Endorsement(s)	
M082517691		OK		D M	
(97) Special Exemption Test		To Medical Facility		License Plate Number	
At 02150		HELICOPTER DU MEDICAL CENTER		2Q6218	
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1HD1BXVIDCB031670		2012		ORA	
(99) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
2 PROGRESSIVE NORTHERN INSURANCE		925043207		9186472291	
(100) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(101) Owner's Address		City		State Zip	
(102) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(103) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(104) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(105) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(106) Driver License Number		State		Class Endorsement(s)	
M082517691		OK		D M	
(107) Special Exemption Test		To Medical Facility		License Plate Number	
At 02150		HELICOPTER DU MEDICAL CENTER		2Q6218	
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1HD1BXVIDCB031670		2012		ORA	
(109) Insurance Company Name		Policy Number		Insurance Telephone (Area Code)	
2 PROGRESSIVE NORTHERN INSURANCE		925043207		9186472291	
(110) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(111) Owner's Address		City		State Zip	
(112) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(113) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(114) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
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2244 AES ROAD		SPIRO		OK 74959	
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M082517691		OK		D M	
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At 02150		HELICOPTER DU MEDICAL CENTER		2Q6218	
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2 PROGRESSIVE NORTHERN INSURANCE		925043207		9186472291	
(120) Vehicle Received by		Owner's Last Name		First	
SIMONS WRECKER		X		Middle Initial	
(121) Owner's Address		City		State Zip	
(122) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(123) Investigating Officer		Officer Number		Officer Name	
JOHN STANBERY		68		JEN	
(124) Driver		Company Type		Last Name	
0201D		K		MACKAY, TYLON VAUGHN	
(125) Address		City		State Zip	
2244 AES ROAD		SPIRO		OK 74959	
(126) Driver License Number		State		Class Endorsement(s)	
M082517691		OK		D M	
(127) Special Exemption Test		To Medical Facility		License Plate Number	
At 02150		HELICOPTER DU MEDICAL CENTER			

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OLD U J 0018

Case Number **2019-26395** Pg. 2 of 6

(24) Unit <input type="checkbox"/> Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Post in Veh. <input type="checkbox"/> Last Name <input type="checkbox"/> First <input type="checkbox"/> Middle Initial <input type="checkbox"/> Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Sex	
(25) Address Street or Box <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/> Telephone (Area Code) <input type="checkbox"/>	
(26) Injury Severity / Type <input type="checkbox"/> OP Use <input type="checkbox"/> Air Bag Injured <input type="checkbox"/> Estimated Transported by <input type="checkbox"/> To Medical Facility <input type="checkbox"/> Property Type <input type="checkbox"/>	
(27) Unit <input type="checkbox"/> Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Post in Veh. <input type="checkbox"/> Last Name <input type="checkbox"/> First <input type="checkbox"/> Middle Initial <input type="checkbox"/> Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Sex	
(28) Address Street or Box <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/> Telephone (Area Code) <input type="checkbox"/>	
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(30) Unit <input type="checkbox"/> Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Post in Veh. <input type="checkbox"/> Last Name <input type="checkbox"/> First <input type="checkbox"/> Middle Initial <input type="checkbox"/> Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Sex	
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(32) Injury Severity / Type <input type="checkbox"/> OP Use <input type="checkbox"/> Air Bag Injured <input type="checkbox"/> Estimated Transported by <input type="checkbox"/> To Medical Facility <input type="checkbox"/> Property Type <input type="checkbox"/>	
(33) Unit <input type="checkbox"/> Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Post in Veh. <input type="checkbox"/> Last Name <input type="checkbox"/> First <input type="checkbox"/> Middle Initial <input type="checkbox"/> Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Sex	
(34) Address Street or Box <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/> Telephone (Area Code) <input type="checkbox"/>	
(35) Injury Severity / Type <input type="checkbox"/> OP Use <input type="checkbox"/> Air Bag Injured <input type="checkbox"/> Estimated Transported by <input type="checkbox"/> To Medical Facility <input type="checkbox"/> Property Type <input type="checkbox"/>	

Complete information below if this vehicle is being used for COMMERCIAL BUSINESS and has a GVWR/GWR IN EXCESS OF 10,000 LBS. OR IS A HAZMAT FLAGCARD OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit <input type="checkbox"/> Owner Name <input type="checkbox"/> Address <input type="checkbox"/>	
(37) City <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/>	
(38) U.S. DOT Number <input type="checkbox"/> NAST Report Number <input type="checkbox"/> Hazard Number <input type="checkbox"/> Haz. Mat. Class <input type="checkbox"/> Haz. Mat. Symbol <input type="checkbox"/> Haz. Mat. Label <input type="checkbox"/>	
(39) U.S. DOT Number <input type="checkbox"/> NAST Report Number <input type="checkbox"/> Hazard Number <input type="checkbox"/> Haz. Mat. Class <input type="checkbox"/> Haz. Mat. Symbol <input type="checkbox"/> Haz. Mat. Label <input type="checkbox"/>	

(40) Unit ☐ Owner Name ☐ Address ☐
 (41) City ☐ State ☐ Zip ☐

(42) U.S. DOT Number ☐ NAST Report Number ☐ Hazard Number ☐ Haz. Mat. Class ☐ Haz. Mat. Symbol ☐ Haz. Mat. Label ☐

(43) U.S. DOT Number ☐ NAST Report Number ☐ Hazard Number ☐ Haz. Mat. Class ☐ Haz. Mat. Symbol ☐ Haz. Mat. Label ☐

Position in Vehicle 00. Not Applicable 01. Front Row - Other 02. Second Row - Other 03. Third Row - Other 04. Fourth Row - Other 05. Seating Section of Truck Cab See reverse for additional seating diagrams	Vehicle Configuration 06. N/A 07. School Bus 08. Passenger Veh. 2 Dr. 09. Passenger Veh. 4 Dr. 10. Passenger Veh. Conv. 11. Pickup 12. Single Unit Truck, 2 axles 13. Single Unit Truck, 3+ axles 14. School Bus 15. Truck/Trailer 16. Truck/Tractor (Bobcat) 17. Single Unit Truck, 3+ axles 18. Semi-Trailer 19. Bus 10+ seats, including driver 20. Motor Vehicle 21. Motor Vehicle 22. Motor Vehicle 23. Motor Vehicle 24. Motor Vehicle 25. Motor Vehicle	Cargo Body Type 06. N/A 07. Box 8-15 seats 08. Box 16+ seats 09. Van / Enclosed Box / Enclosed Trailer 10. Cargo Tank 11. Flatbed 12. Dump Truck / Trailer 13. Pole Trailer 14. Log Trailer 15. Vehicle Towing Vehicle 16. Other 17. Other
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DPS: 0192-02 REV 0107

Case Number

2019-20798

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Pg 3 of 6

Unit

Total Lanes in Roadway

Lanes Closed

Actions Prior to Collision

Location at Time of Collision

Damage to Vehicle

Unit Number of Vehicle Striking

Unit 1

01

02

55

Unit 2

02

02

55

Light

1 Daylight

2 Dark-Not Lighted

3 Dark-Lighted

4 Dawn

5 Dusk

6 Dark-Unknown

7 Lighting

8 Other

9 Unknown

1

01

01

What Vehicle Was Struck to Do

00 Not Applicable

01 Go Ahead

02 Turn Left

03 Turn Right

04 Make "U" Turn

05 Stop

06 Slow for Carriage

07 Start from Park/Stop

08 Change Lanes

09 Overtake

10 Pass

11 Back

12 Remain Stopped

13 Remain Parked

14 Enter/Leave Traffic

15 Negotiate a Curve

16 Park

17 Other

99 Unknown

Under/Over

Unit 1

Unit 2

01

01

0 Not Applicable

1 No Under/Over or Overtake

2 Under/Over, Compartment Intrusion

3 Under/Over, No Compartment Intrusion

4 Under/Over, Compartment Intrusion Unknown

5 Overtake, Motor Vehicle in Transport

6 Overtake, Other Motor Vehicle

9 Unknown

Weather

01 Clear

02 Fog/Smog/Smoke

03 Cloudy

04 Rain

05 Snow

06 Sleet/Hail (Freezing Rain/Drizzle)

07 Severe Crosswind

08 Blowing Snow

09 Blowing Sand, Soil, etc.

10 Other

99 Unknown

01

01

Locality

1 Residential

2 Business

3 Industrial

4 School

5 Not Built-up

6 Mixed Use

7 Other

9 Unknown

2

01

Type of Intersection

0 Not an Intersection

1 Y-Intersection

2 T-Intersection

4 Four-Way Intersection

5 Five-Point or More

6 Intersection as Part of Interchange

7 Traffic Circle

8 Roundabout

9 Unknown

4

01

Incident Type

00 Not an Incident

01 Private Property

02 Criminal Intent

03 Medical Condition

04 Legal Intervention

05 Suicide

06 Drunken

08 Other

00

01

Location of First Collision Event

01 On Roadway

02 Shoulder

03 Median

04 Roadside

05 Gore

06 Separator

07 Parking Lane/Zone

08 Off Roadway, Location Unknown

09 Outside Right-of-Way

10 Other

99 Unknown

01

01

Driver Distracted by

0 Not Applicable/None

1 Electronic Communication Devices

2 Other Electronic Devices

3 Officer Inside Vehicle

4 Other Outside Vehicle

9 Unknown

Unit 1

Unit 2

01

01

Road Surface Conditions

01 Dry

02 Wet

03 Ice/Frost

04 Snow

05 Mud, Dirt, Gravel

06 Slush

07 Water (standing, moving)

08 Sand

09 Oil

10 Other

99 Unknown

Unit 1

Unit 2

01

01

Road Character

1 Level

2 Hillcrest

3 Uphill

4 Downhill

5 Sag (bottom)

Unit 1

Unit 2

01

01

Road Alignment

1 Straight

2 Curve - Left

3 Curve - Right

Unit 1

Unit 2

01

01

Road Surface Types

1 Concrete

2 Asphalt

3 Gravel

4 Dirt

5 Brick

6 Other

9 Unknown

Unit 1

Unit 2

02

02

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)

Yes

No

Type of Work Zone

1 Lane Closure

2 Lane Shift/Crossover

3 Work on Shoulder or Median

4 Intermittent or Moving Work

9 Unknown

Location of the Work Zone

1 Before the First Work Zone Warning Sign

2 Advance Warning Area

3 Transition Area

4 Activity Area

5 Termination Area

9 Unknown

Workers Present

Yes

No

Unknown

Trafficway

0 Not Applicable

1 One Way

2 Two-Way - Not Divided

3 Two-Way - Divided

4 Two-Way - Divided - Positive Median Barrier

5 Turn Lane

6 Ramp / Loop

7 Onramp

8 Alley / Parking Lot

9 Unknown

Unit 1

Unit 2

02

03

Vehicle Removal

0 Not Applicable

1 Towed Due to Vehicle Damage

2 Towed For Reasons Other Than Damage

3 Remained at Scene

4 Driven from Scene

9 Unknown

Unit 1

Unit 2

04

01

Vehicle Condition

00 Not Applicable

01 Apparently Normal

02 Brakes

03 Headlights

04 Steering

05 Tail Lights

06 Brake Lights

07 Tires/Wheels

08 Suspension

09 Signal Lights

10 Windows

11 Truck Coupling/Trailer Hitch/Safety Chains

12 Mirrors

13 Wipers

14 Power Train

Unit 1

Unit 2

01

01

Special Function of Vehicle

00 Not Applicable

01 School Bus

02 Transit Bus

03 Interscholar Bus

04 Charter Bus

05 Other Bus

06 Military

07 CHP

08 Other Police

09 Other Law Enforcement

10 Ambulance

11 Fire Truck

12 Public Owned Vehicle

13 Highway Equipment

14 Special Modified Machine

15 Other

Unit 1

Unit 2

00

00

Emergency Vehicle Responding to an Emergency

0 N/A

1 Yes

2 No

9 Unknown

Unit 1

Unit 2

00

00

Unsafe / Unlawful Contributing Factors

01 Failed to Yield

02 From Stop Sign

03 From Yield Sign

04 Private Drive

05 County Road at Through Highway

06 From Signal Light

07 From Alley

08 To Pedestrian

09 To Vehicle on Right

10 To Vehicle in Intersection

11 To Emergency Vehicles

12 Other

13 Followed Too Closely

14 Human Element

15 Traffic Condition

16 Weather Condition

17 Improper Speed

18 Driver's Ability (Age)

19 Impaired Driver - Young

20 Exceeding Legal Limit

21 For Traffic Conditions

22 For Type of Roadway (Gravel, Dirt, etc.)

23 For Ice or Snow on Roadway

24 Rain or Wet Roadway

25 Wind

26 Other Weather Conditions

27 Vehicle Condition

28 View Obstruction

29 On Curve/Turn

30 Impeding Traffic

31 Other

32 Improper Turn

33 From Wrong Lane

34 From Direct Course

35 Right

36 Left

37 Turn About/U-Turn

38 To Enter Private Drive

39 In Front of Oncoming Traffic

40 Other

41 CHANGED LANES UNSAFELY

42 STOPPED IN TRAFFIC LANE

43 Failed to Stop

44 For Stop Sign

45 For Traffic Signal

46 For School Bus

47 For Railroad Crossing Signal

48 For Officer/Flagman

49 At Sidewalk/Stepline

50 Other

51 UNLAWFUL VEHICLE

52 Brake

53 Steering

54 Tires

55 Suspension

56 Headlights

57 Tail Lights

58 Stop Lights

59 Wheel

60 Exhaust System

61 Windshield Wipers

62 Other Mechanical Defects

63 LEFT OF CENTER

64 In Merging

65 No Passing Zone (Unmarked)

66 Marked Zone

67 Other

68 IMPROPER OVERTAKING

69 In Marked Zone

70 On Hill Curve

71 At Intersection

72 Without Sufficient Clearance

73 Other

74 IMPROPER PARK

Pg 4 of 16



indicates North
by Arrow

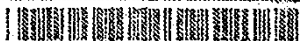
SEE DIAGRAM SUPPLEMENT

SEE PAGE 6 OF 6 FOR REMARKS

DPS: 0192-04 REV 0107


Case Number 2019-26398 OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE Pg 6 of 6

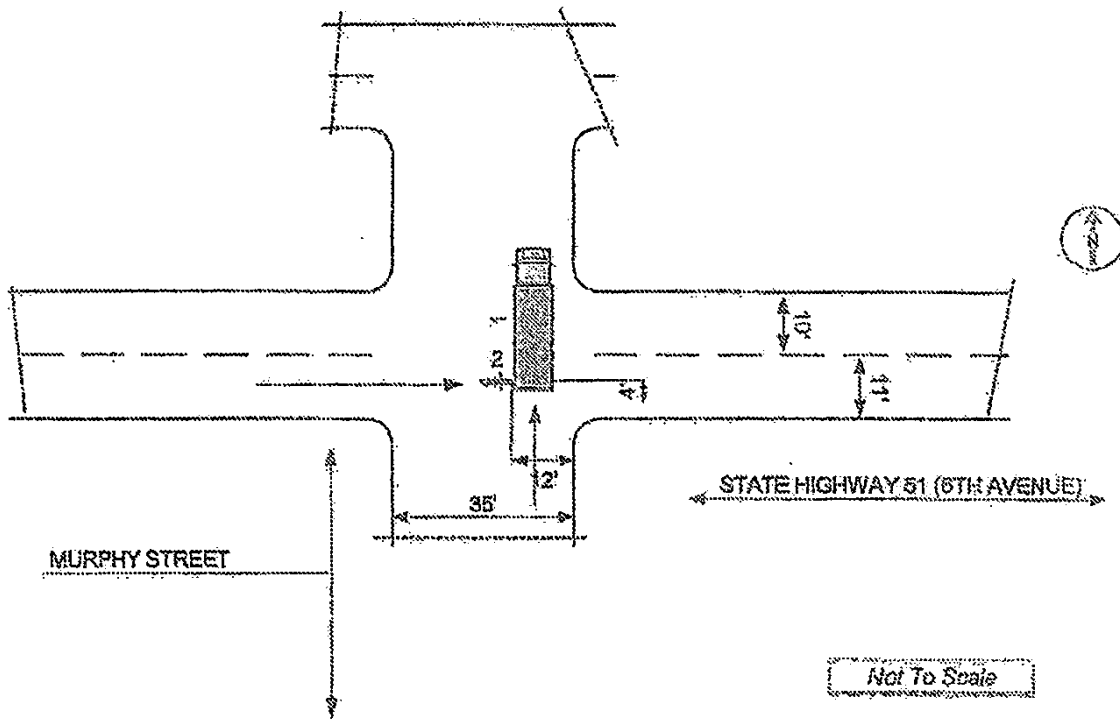
UPON MY ARRIVAL I OBSERVED UNIT 1 PARKED IN THE CROSSOVER OF MURPHY STREET BETWEEN THE DIVIDED LANES OF EAST BOUND AND WEST BOUND STATE HIGHWAY 51, FACING NORTH. I OBSERVED UNIT 2 WITH THE DRIVER UNCONSCIOUS IN THE MIDDLE OF STATE HIGHWAY 51 IN THE EASTBOUND OUTSIDE LANE. UPON RENDERING FIRST AID TO DRIVER OF UNIT 2, I SPOKE WITH THE DRIVER OF UNIT 1. HE STATED HE WAS STOPPED AT THE STOP SIGN AT MURPHY STREET, FACING NORTH TO CONTINUE NORTH ACROSS THE DIVIDED PORTION OF HIGHWAY AND THEN WEST ON STATE HIGHWAY 51. DRIVER OF UNIT 1 STATED HE OBSERVED THE MOTORCYCLE EAST BOUND IN THE OUTSIDE LANE AND THAT HE "HAD HIS TURN SIGNAL ON" TO TURN SOUTH ON MURPHY STREET. THE DRIVER OF UNIT 1 STATED UNIT 2 DID NOT HIT UNIT 1. I THEN CONDUCTED AN INVESTIGATION OF THE SCENE AND OBSERVED APPROXIMATELY 94 FEET OF SKID MARKS FROM THE REAR TIRE OF UNIT 2 IN A STRAIGHT LINE WEST IN THE OUTSIDE LANE FROM THE POINT OF IMPACT. UPON INSPECTION, I LOCATED THE POINT OF IMPACT ON UNIT 2 AT THE LEFT REARMOST TIRE, REAR TAILGATE AND LEFT REAR SECTION BEHIND THE REARMOST TIRE. THE AREA OF IMPACT WAS 12' WEST OF THE EAST CURB LINE OF MURPHY STREET AND 4' NORTH OF THE SOUTH LANE LINE OF STATE HIGHWAY 51. AN OHP SIZE AND WEIGHTS TROOPER RESPONDED TO THE SCENE AND CONDUCTED AN INSPECTION ON UNIT 1. OFFICER GOREE TRANSPORTED THE DRIVER OF UNIT 1 TO STILLWATER MEDICAL CENTER FOR A BLOOD WITHDRAWAL. DRIVER OF UNIT 2 WAS TRANSPORTED BY HELICOPTER TO OU MEDICAL CENTER WITH VISIBLE INJURIES TO HIS HEAD ON THE LEFT SIDE. UNIT 2 WAS TURNED OVER TO SIMONS WRECKER AT THE SCENE. OHP PLACED UNIT 1 OUT OF SERVICE AND IT WAS LEFT AT THE SCENE. THE SCENE WAS SECURED AND TURNED OVER TO ACCIDENT RECONSTRUCTIONIST MERRILL AND LOW.



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	Case Number: 2019-26398	Date: 9/4/2019
	Location and Officer STATE HIGHWAY 51 (6TH AVENUE) / MURPHY STREET STANBERY 68	



MURPHY STREET

STATE HIGHWAY 51 (6TH AVENUE)

Not To Scale

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OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
PERSONS SUPPLEMENTAL

Pg 1 of 2

Case Number: 2019-26398

(12) Unit: ☐ 00 Injured ☒ Passenger ☐ Driver ☐ Pedestrian ☐ Other ☐ POB in Unit: ☐ 00 Last Name: ROSENTHAL First Name: ISAAC Middle Initial: M Date of Birth (mm/dd/yyyy): 05/27/1997 Sex: M

(13) Address: 920 S MULBERRY #12203 STILLWATER OK 74074 Telephone (Use Area Code): 817-989-146

(14) Injury Severity / Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(15) Unit: ☐ 00 Injured ☒ Passenger ☐ Driver ☐ Pedestrian ☐ Other ☐ POB in Unit: ☐ 00 Last Name: EPERJESI First Name: GARY Middle Initial: E Date of Birth (mm/dd/yyyy): 06/18/1996 Sex: M

(16) Address: 4544 N. WASHINGTON #25F STILLWATER OK 74075 Telephone (Use Area Code): 580-297-1646

(17) Injury Severity / Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(18) Unit: ☐ 00 Injured ☒ Passenger ☐ Driver ☐ Pedestrian ☐ Other ☐ POB in Unit: ☐ 00 Last Name: MORGAN First Name: LINDSEY Middle Initial: A Date of Birth (mm/dd/yyyy): 10/18/1990 Sex: F

(19) Address: 1181 CHANDLER STILLWATER OK 74074 Telephone (Use Area Code): 405-714-2888

(20) Injury Severity / Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(21) Unit: ☐ 00 Injured ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(22) Unit: ☐ 00 Injured ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(23) Unit: ☐ 00 Injured ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(24) Unit: ☐ 00 Injured ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(25) Unit: ☐ 00 Injured ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(26) Unit: ☐ 00 Injured ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(27) Unit: ☐ 00 Injured ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(28) Unit: ☐ 00 Injured ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

(29) Unit: ☐ 00 Injured ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 CP Use: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Air Bag Deployed: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Estimated Transported by: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 To Medical Facility: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 Property Type: ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00 ☐ 00

DP5: 0182-SUPP01 REV 0107

SEP 05 2019

Case Number 2019-26398	OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT ADDITIONAL NARRATIVE	Pg 2 of 2
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ON 9/04/2019 AT 0824 HOURS I WAS SENT TO AN INJURY ACCIDENT INVOLVING A MOTORCYCLE AT 6TH/MURPHY. WHEN I ARRIVED I CONTACTED WITNESSES TO THE ACCIDENT LISTED ON PAGE ONE OF THIS SUPPLEMENT.

WITNESS, ISAAC ROSENTHAL, STATED HE WAS NORTHBOUND ON MURPHY BEHIND THE DUMP TRUCK THAT WAS INVOLVED IN THE ACCIDENT. ROSENTHAL STATED THE DUMP TRUCK STARTED NORTH ACROSS TRAFFIC TO TURN LEFT OR WEST ONTO 6TH AVENUE. ROSENTHAL SAID A MOTORCYCLE WAS EASTBOUND IN THE OUTSIDE LANE APPROACHING THE 6TH AND MURPHY INTERSECTION. ROSENTHAL SAID THE DUMP TRUCK PULLED OUT IN FRONT OF THE MOTORCYCLE. ROSENTHAL FURTHER SAID THERE WAS NO WAY FOR THE MOTORCYCLE TO STOP IN TIME. ROSENTHAL SAID THE MOTORCYCLE WAS DRIVING THE SPEED LIMIT. SEE ROSENTHAL'S WRITTEN STATEMENT.

WITNESS, GARY EPERJESI STATED HE WAS EASTBOUND IN THE INSIDE LANE ON 6TH AVENUE. EPERJESI SAID THE MOTORCYCLE WAS IN THE OUTSIDE LANE AND IN FRONT OF HIM. EPERJESI STATED THE DUMP TRUCK PULLED OUT IN FRONT OF THE MOTORCYCLE. THE MOTORCYCLE DRIVER LOCKED HIS BRAKES, BUT COULD NOT STOP IN TIME. THE MOTORCYCLE HIT THE DUMP TRUCK. EPERJESI STOPPED BEHIND THE DUMP TRUCK IN THE CENTER TURN MEDIAN. EPERJESI SAID THE DRIVER OF THE MOTORCYCLE WAS UNRESPONSIVE. EPERJESI SAID HE THOUGHT THE MOTORCYCLE WAS DRIVING THE SPEED LIMIT. SEE EPERJESI'S WRITTEN STATEMENT.

WITNESS, LINDSEY MORGAN SAID SHE WAS SITTING IN THE CENTER TURN MEDIAN WAITING TO CROSS THE EASTBOUND LANES ON 6TH AVENUE TO DRIVE SOUTH ON MURPHY. MORGAN SAID THE DUMP TRUCK STARTED NORTH ACROSS THE EASTBOUND 6TH AVENUE TRAFFIC LANES AND PULLED OUT IN FRONT OF AN ORANGE MOTORCYCLE THAT WAS EASTBOUND IN THE OUTSIDE LANE. MORGAN SAID THE MOTORCYCLE ATTEMPTED TO SLOW DOWN, BUT COULD NOT AVOID THE DUMP TRUCK. THE MOTORCYCLE HIT THE DUMP TRUCK. SEE MORGAN'S STATEMENT.

I THEN ASSISTED BY TAKING DIGITAL IMAGES OF THE ACCIDENT SCENE. I PHOTOGRAPHED THE MOTORCYCLE AND DUMP TRUCK. I ALSO PHOTOGRAPHED DEBRIS FROM THE MOTORCYCLE AND THE SKID MARK ON THE OUTSIDE LANE OF 6TH AVENUE. I LATER ENTERED THE PHOTOS INTO PROPERTY.



SEP 05 2019

CASE NUMBER	REPORTING OFFICER AND BADGE #	4 DIGIT DSN	Page 1 of 2 REVIEWED BY
2019-26398	Alley #32	1089	JC14



WITNESS STATEMENT

PERSONAL INFORMATION							
NAME (LAST, FIRST, MIDDLE)	DOB	RACE	SEX	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR
Rosenthal, Isaac Mitchell	05/07/47	M	W	05/07/47	5'8"	170	Brown
ADDRESS	CITY/STATE/ZIP	EMPLOYER NAME	EMPLOYEE ID	PHONE			
920 S Murphy St Apt 1203	Stillwater OK 74074	OSM	41470	817-741-9146			
EMPLOYER NAME	EMPLOYEE ID	DATE OF BIRTH	HEIGHT	WEIGHT			
OSM	41470	05/07/47	5'8"	170			
OFFICER NAME	OFFICER ID	DATE OF BIRTH	HEIGHT	WEIGHT			
Callaghan, Bob Allen	3603	05/07/47	5'8"	170			
OFFICER NAME	OFFICER ID	DATE OF BIRTH	HEIGHT	WEIGHT			
3603	7406	05/07/47	5'8"	170			

I, Isaac Rosenthal, DO HEREBY MAKE THE FOLLOWING STATEMENT OF MY OWN FREE WILL AND ACCORD. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO MAKE A STATEMENT, AND ANY STATEMENT I DO MAKE CAN AND WILL BE USED AGAINST ME IN COURT. I ALSO UNDERSTAND THAT I HAVE A RIGHT TO THE PRESENCE OF AN ATTORNEY BEFORE I MAKE A STATEMENT, AND IF I CAN'T AFFORD AN ATTORNEY, ONE CAN BE APPOINTED BY THE COURT BEFORE ANY STATEMENT IS MADE. I UNDERSTAND THAT I COULD BE PROSECUTED FOR INTENTIONALLY MAKING ANY MATERIALLY FALSE STATEMENTS IN THIS MATTER.


STATEMENT
I was making a right turn from Murphy on to S1 headed to work at OSM. I was behind the big blue truck. The truck decided to ~~turn~~ go straight on S1 to ultimately make a left turn from Murphy onto S1. Then hit the motorcycle as the motorcycle had the right of way and could not have stopped causing this accident. The motorcycle was I believe going straight down S1 towards downtown Stillwater and was in the far right lane.

SIGNATURE

DATE 4/4/19

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CASE NUMBER	REPORTING OFFICER AND BADGE #	4 DIGIT DSN	SEP 05 2019 Page 1 of 2
2019-26398	Alley #32	1089	REVIEWED BY JULY



WITNESS STATEMENT

PERSONAL INFORMATION							
NAME (LAST, FIRST, MIDDLE)		SEX	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
Gary Edward Eperjesi		M	6-18-96	6'0"	160	B	H
ADDRESS		CITY/STATE/ZIP		PHONE			
4600 n Washington St		Stillwater OK 74074		580-297-1640			
EMPLOYER		EMPLOYER ADDRESS		EMPLOYER PHONE			
16th Ave Honda		Greepjesi@hotmail.com		Stillwater OK 74074			
UNIVERSITY/STATE		SECURITY NUMBER		MILITARY STATUS			
				7			

I, Gary Eperjesi, DO HEREBY MAKE THE FOLLOWING STATEMENT OF MY OWN FREE WILL AND ACCORD. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO MAKE A STATEMENT, AND ANY STATEMENT I DO MAKE CAN AND WILL BE USED AGAINST ME IN COURT. I ALSO UNDERSTAND THAT I HAVE A RIGHT TO THE PRESENCE OF AN ATTORNEY BEFORE I MAKE A STATEMENT, AND IF I CAN'T AFFORD AN ATTORNEY, ONE CAN BE APPOINTED BY THE COURT BEFORE ANY STATEMENT IS MADE. I UNDERSTAND THAT I COULD BE PROSECUTED FOR INTENTIONALLY MAKING ANY MATERIALLY FALSE STATEMENTS IN THIS MATTER.

STATEMENT

I was driving east on 16th about a block behind the motorcycle. all I saw was the motorcycle brake cause the truck pulled out in front of him & he layed the bike over & crashed. I pulled over to see if the driver of the motorcycle was okay he was not responding.

SIGNATURE <u>Gary Eperjesi</u>	DATE
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2015

CASE NUMBER	REPORTING OFFICER AND BADGE #	4 DIGIT DSN	SEP 05 2019 REVIEWED BY
2019-26398	Alley #32	1089	JC

WITNESS STATEMENT

PERSONAL INFORMATION			
Name: Morgan, Lindsey Anne	Sex: <input checked="" type="checkbox"/> F <input type="checkbox"/> M	DOB: 10/18/1996	Height: 5'2" Weight: 120 lbs Hair: blonde Eyes: blue
Address: 1131 Chandler St.	City: Stillwater, OK 74074	Phone: 405-414-2888	
Employer: Foster Corner Drug	Email: lindsey.amorgan@gmail.com	Phone: (505) 336-2136	
Address: 328 N. 10th St.	City: OK 74074		
Phone: 405-267-7460 / OK			

I, Lindsey Morgan, DO HEREBY MAKE THE FOLLOWING STATEMENT OF MY OWN FREE WILL AND ACCORD. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO MAKE A STATEMENT, AND ANY STATEMENT I DO MAKE CAN AND WILL BE USED AGAINST ME IN COURT. I ALSO UNDERSTAND THAT I HAVE A RIGHT TO THE PRESENCE OF AN ATTORNEY BEFORE I MAKE A STATEMENT, AND IF I CAN'T AFFORD AN ATTORNEY, ONE CAN BE APPOINTED BY THE COURT BEFORE ANY STATEMENT IS MADE. I UNDERSTAND THAT I COULD BE PROSECUTED FOR INTENTIONALLY MAKING ANY MATERIALLY FALSE STATEMENTS IN THIS MATTER.

STATEMENT:

I was sitting southbound waiting to cross the eastbound 10th street lane at Murphy / 10th St. I saw a dump truck start crossing the highway going northbound. I also saw an orange motorcycle approaching heading eastbound in the right lane. He did attempt to slow with his breaks & turn off his bike but without success, hitting the back of the truck pretty square. He was not wearing a helmet. I believe I was going to cross after the motorcycle so there was not a car beside him & I believe the next car was close to approximately 500 ft. I moved across the highway to get out of way & called 911 after the accident occurred.

SIGNATURE: Lindsey Morgan

DATE: 9/4/19

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Page 1 of 2			
CASE NUMBER 2019-26398	REPORTING OFFICER AND BADGE # Stanbury 68	4 DIGIT DSN 1135	REVIEWED BY SEP 05 2019

WITNESS STATEMENT

PERSONAL INFORMATION							
NAME (LAST, FIRST, MIDDLE) Stanbury, Thomas	SEX M	DATE OF BIRTH 7-24-80	HEIGHT 5'10"	WEIGHT 180	HAIR BROWN	EYES BROWN	
ADDRESS 482 E 9th St		CITY/STATE/ZIP CODE ALBANY, NY 12208		HOME PHONE 518 484 4444			
EMPLOYER ALBANY POLICE DEPT		EMAIL ADDRESS stanburyt@albany.gov		WORK PHONE 518 484 4444			
MILITARY SERVICE (LAST, FIRST, MIDDLE) None		MILITARY SERVICE NUMBER None		MILITARY STATUS None			

I, Thomas Stanbury, DO HEREBY MAKE THE FOLLOWING STATEMENT OF MY OWN FREE WILL AND ACCORD. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO MAKE A STATEMENT, AND ANY STATEMENT I DO MAKE CAN AND WILL BE USED AGAINST ME IN COURT. I ALSO UNDERSTAND THAT I HAVE A RIGHT TO THE PRESENCE OF AN ATTORNEY BEFORE I MAKE A STATEMENT, AND IF I CAN'T AFFORD AN ATTORNEY, ONE CAN BE APPOINTED BY THE COURT BEFORE ANY STATEMENT IS MADE. I UNDERSTAND THAT I COULD BE PROSECUTED FOR INTENTIONALLY MAKING ANY MATERIALLY FALSE STATEMENTS IN THIS MATTER.

STATEMENT

*While on duty 4 of 10 to 6
explore warrants in area
I was told of an entrance
I was told of 9/4/19*

SIGNATURE <i>Thomas Stanbury</i>	DATE 9-4-19
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